



STATE OF MISSOURI  
DEPARTMENT OF INSURANCE  
**CHANGE OF PUBLIC ADJUSTER SOLICITOR STATUS**

P.O.BOX 690 or  
P.O.BOX 4001 FOR CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MO 65102  
**THIS FORM MAY BE DUPLICATED**

**INSTRUCTIONS**

Please type or print in ink.

Enclose a \$10.00 fee if you want a license showing the new name and/or address. Personal Checks Are Not Accepted.

☐ CHECK BOX IF YOU ARE ENCLOSING THE \$10 FEE.

SOCIAL SECURITY NUMBER	LEGAL LAST NAME, FIRST NAME, MI	<input type="checkbox"/> JR <input type="checkbox"/> SR
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☐ **CHANGE OF ADDRESS** (Notification required within 30 days of change)

<b>NEW RESIDENCE ADDRESS (Required)</b>				
STREET ADDRESS (P.O.BOX ALONE NOT ACCEPTABLE)	CITY	STATE	ZIP	HOME PHONE NUMBER
<b>NEW MAILING ADDRESS (Optional)</b>				
STREET ADDRESS/P.O.BOX	CITY	STATE	ZIP	BUSINESS PHONE NUMBER

☐ **CHANGE OF NAME** (Please Attach Documentation)

<b>PREVIOUS NAME</b>
<b>NEW NAME</b>

☐ **CORRECTION OF SOCIAL SECURITY NUMBER** (Please Attach Documentation)

<b>INCORRECT SOCIAL SECURITY NUMBER</b>	<b>CORRECT SOCIAL SECURITY NUMBER</b>

<input type="checkbox"/> <b>CHANGE OF PUBLIC ADJUSTER</b>	
PREVIOUS PUBLIC ADJUSTER BY WHOM YOU WERE EMPLOYED	
NEW PUBLIC ADJUSTER BY WHOM YOU ARE EMPLOYED	EFFECTIVE DATE

DATE	SIGNATURE OF PUBLIC ADJUSTER SOLICITOR
   	  